

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Customer No.: 23696  
Attorney Docket No.: 010134  
In Re Application of: Don Andrus, et al.  
Serial Number: 09/895,424  
Filed: 6/29/01  
Examiner: Wen Tai Len  
Group Art Unit: 2154

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	33	23	10	x \$50 =	\$500	
Independent**	5	6	0	x \$200 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$120	\$
				<input type="checkbox"/> Two Months	\$450	\$
				<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER				\$130	\$	
				TOTAL FEE	\$500	

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$500.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 12/9/04

Signature: \_\_\_\_\_

George C. Pappas, Reg. No. 35,065  
Phone No. 858-651-1306

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

### CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: Darla Kasmedo  
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Signature: (type or print name)

**In Re Application of**



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**) Group No. 2154**

Dear Sir:

Enclosed for filing in the subject application are Eight (8) sheets of formal drawings.

Respectfully submitted,

By:

George C. Pappas, Reg. No. 35,065  
858-651-1306

**QUALCOMM Incorporated**  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
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12/9/04

(Date of Deposit)

**Darla Kasmedo**

(Name of the Person Making Deposit)

(Signature)